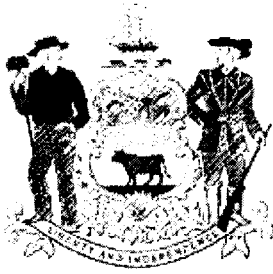


EXHIBIT F



State of Delaware
Division of Revenue
Bureau of Unclaimed Property

P.O. Box 962049
 Boston, MA 02196-2049



54674

CLAIM FORM

November 08, 2006

A.W. FINANCIAL SERVICES, S.A.
 47, RUE DE CHAILLOT
 75116 PARIS
 FRANCE

In order to process your claim, we must have proof 1) of your relationship to the original owner; 2) that you either lived or received mail at the owner address listed in Box A below; and 3) that you did business with the Holder listed in Box A below. More information may be requested after you submit your claim form.

A. Owner Information		
Name of Holder Who Remitted Property		Property ID 2822982
EMPIRE RESOURCES INC	Property Cash Value \$117,250.83	Property Description STOCK
Name of Owner(s) as reported to the department INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35 TEL AVIV FO	
Name of Holder Who Remitted Property		Property ID 2822983
EMPIRE RESOURCES INC	Property Cash Value \$912.78	Property Description CASH DIVIDEND
Name of Owner(s) as reported to the department INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35 TEL AVIV FO	
Name of Holder Who Remitted Property		Property ID 2822984
EMPIRE RESOURCES INC	Property Cash Value \$912.78	Property Description CASH DIVIDEND
Name of Owner(s) as reported to the department INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35 TEL AVIV FO	
Name of Holder Who Remitted Property		Property ID 2822985
EMPIRE RESOURCES INC	Property Cash Value \$1,825.56	Property Description CASH DIVIDEND
Name of Owner(s) as reported to the department INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35 TEL AVIV FO	
Name of Holder Who Remitted Property		Property ID 2822986
EMPIRE RESOURCES INC	Property Cash Value \$912.78	Property Description CASH DIVIDEND
Name of Owner(s) as reported to the department INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35 TEL AVIV FO	
Name of Holder Who Remitted Property		Property ID 2822987
EMPIRE RESOURCES INC	Property Cash Value \$912.78	Property Description CASH DIVIDEND
Name of Owner(s) as reported to the department		

State of Delaware Bureau of Unclaimed Property

Claim ID:

54674

INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35	TEL AVIV FO
Name of Holder Who Remitted Property		Property ID 2822988
EMPIRE RESOURCES INC	Property Cash Value \$912.78	Property Description CASH DIVIDEND
Name of Owner(s) as reported to the department INVESTISSEMENT TERTIAIRE	C/O HERVE OF GILLES DEBACHE BEIT AMERICA KING SAUL 35	TEL AVIV FO

Total Shares Claimed

0.0000

Total Cash Claimed

\$123,640.29

B. Claimant Information

Relationship to Owner (circle one): Self Parent Guardian Trustee Heir Executor/Administrator Business Other: _____

Name(s):

Daytime Phone:

Current Address:

SS# or FEIN#:

City, State, Zip:

Date of Birth:

C. Documentation RequiredCopies of both your Driver's License (or other governmental photo ID) and Social Security Card (or document showing name and SSN or FEIN).

If there is an attachment to this form, provide those documents as well. PLEASE READ IT CAREFULLY.

Provide your original Stock Certificate

Photo copy of your drivers license or other official Government Issued ID card.

Provide a letter signed by an Officer of the Company authorizing you to sign legal documents on their behalf

Claim form must be signed and notarized.

D. Affidavit

Under penalties of perjury, I certify that the information provided on this claim form is true, and all supporting documentation presented are either original or true unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the State of Delaware, its Officers and Employees from any damages, claims or losses of any kind resulting in payment of the above described property to the claimant under the provisions of Delaware Revised Statutes.

Claimant's Signature _____

Co-Owner's Signature _____

Subscribed and sworn before me this _____ day of _____

Notary Public _____ Commission Expires _____ NOTARY STAMP

Before returning this form, claimant should:

- Review **A. Owner Information**.
- Complete **B. Claimant Information**.
- Attach the documentation requested in **C. Documentation Required**, then
- Sign in **D. Affidavit** in the presence of a Notary Public who will notarize the form in that section as well.

Please return the completed form and required documents to the address above.